

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

32282

FILED OCT 8 1943

State File No. \_\_\_\_\_

Registration District No. 275

Primary Registration District No. 5938

Registrar's No. #1077 11

1. PLACE OF DEATH:

(a) County Phelps  
(b) City or town Newburg  
(c) Name of hospital or institution Rural Arlington Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days 60 yrs

3. (a) PRINT FULL NAME David M. Johnson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Rosanna Johnson 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Apr 20 1875  
(Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Arlington Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER { 12. Name Thomas Johnson  
13. Birthplace New Bedford Mass  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Francis  
15. Birthplace New Bedford Mass  
(City, town, or county) (State or foreign country)

16. (a) Informant Rosanna M. Johnson  
(b) Address Newburg Mo

17. (a) Burial (b) Date thereof 8-23-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla Mo

18. (a) Signature of funeral director Lee Johnson  
(b) Address Newburg Mo

19. (a) 9/10/43 (b) Attestable, Tex  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps  
(c) City or town Rural Arlington Twp.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21 year 1943 hour 1:30 PM minute \_\_\_\_\_ M.

I hereby certify that I attended the deceased from June 1943 to Aug 21 - 1943  
that I last saw him alive on Aug 19 - 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Parkinsons Disease Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 87c

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature R. E. Brewer (M. D. or other) \_\_\_\_\_  
Address Newburg Mo Date signed Aug 22 43

NOV 17 1947

DEC 6 1945

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Registered Apprentice No.

~~working under my personal supervision.~~

Signed

*Lee Johnson*

Licensed Embalmer No. 3392

P. O. Address *Newburg Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.